



JUVENILE REHABILITATION ADMINISTRATION (JRA)
CHANGE REPORT

1. CASE NAME			2. JRA NUMBER		3. DATE OF BIRTH
OLD STATUS OR SUPERVISION			NEW STATUS OR SUPERVISION		
4. GUARDIANS			5. GUARDIANS		
6. PAROLEE'S ADDRESS			7. PAROLEE'S ADDRESS		
8. CITY AND COUNTY	9. STATE	10. ZIP CODE	11. CITY AND COUNTY	12. STATE	13. ZIP CODE
14. LIVING SITUATION	15. TELEPHONE		16. LIVING SITUATION	17. TELEPHONE	
18. SCHOOL PROGRAM			19. SCHOOL PROGRAM		
20. CASELOAD DESIGNATION			21. CASELOAD DESIGNATION		
22. PAROLE COUNSELOR			23. PAROLE COUNSELOR		
24. STATUS			25. STATUS		26. DATE
27. LEVEL OF PAROLE SUPERVISION <input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> Level C (from Out of State only)			28. LEVEL OF PAROLE SUPERVISION <input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> Level C (from Out of State only)		
29. LEVEL OF INTENSIVE PAROLE SUPERVISION <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III			30. LEVEL OF INTENSIVE PAROLE SUPERVISION <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III		
REVOCATION/DETENTION REPORT					
31. Is this parolee being held in detention or jail? <input type="checkbox"/> Yes <input type="checkbox"/> No					
32. If yes, what facility: _____					
33. Entry date: _____					
<input type="checkbox"/> 34. This parolee is being held by order of the court for new charges .					
<input type="checkbox"/> 35. This parolee will be released within 72 hours with no revocation time . 36. Release date: _____					
<input type="checkbox"/> 37. This parolee is being held PENDING REVOCATION in this facility.					
<input type="checkbox"/> 38. This parolee is being held awaiting transportation by JRA for revocation to a JRA residential facility .					
39. If Item 38 is checked, to what facility: _____					
40. Transportation date: _____			41. Revocation sentence: _____		
<input type="checkbox"/> 42. Revocation is for a firearms violation: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> 43. This parolee is a sex offender being returned to serve time on original sentence up to maximum.					
<input type="checkbox"/> 44. This parolee is being placed on electronic monitoring for revocation.					
COMPLETE FOR TRANSFER TO NEW REGION OR PAROLE COUNSELOR OR CHANGE EOF ADDRESS					
45. RELEASE DATE (IF APPLICABLE)	46. PROJECTED DISCHARGE DATE		47. LAW ENFORCEMENT NOTIFICATION Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: _____		
48. TRIBAL NOTIFICATION Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: _____			49. SCHOOL NOTIFICATION Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: _____		
50. TRIBAL AFFILIATION			YOUTH COMPETENCY REPORT/INTERVENTION PLAN 51. DATE COMPLETED 52. NEXT DUE DATE		
REMARKS (IF DEATH OR DISCHARGE, ENTER THE CAUSE OF DEATH, DISCHARGE, AND ADJUSTMENT CODES HERE)					
WRITTEN BY		DATE	REVIEWED BY		DATE
MAPPER INPUT BY		DATE	REGIONAL ADMINISTRATOR'S SIGNATURE		DATE